



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

COMPREHENSIVE PAIN MANAGEMENT
5734 SPOHN DRIVE SUITE A
CORPUS CHRISTI TX 78414

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

Carrier's Austin Representative Box

Box Number 45

MFDR Tracking Number

M4-11-4717-01

MFDR Date Received

AUGUST 12, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Physician saw the patient for an office visit for his compensable injury. According to TWCC Fast Facts, if the injury is compensable, the carrier is liable for all reasonable and necessary medical costs of health care to treat the compensable injury...This procedure does not require precertification and or preauthorization."

Amount in Dispute: \$425.48

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Review of the ODG (Exhibit I) shows that Nerve Conduction Studies (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Studies have not shown portable nerve conduction devices to be effective. EMGs are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious."

Response Submitted by: SORM

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 20, 2011	CPT Code 95903 (x4)	\$243.12	\$0.00
	CPT Code 95904 (x4)	\$182.36	\$0.00
TOTAL		\$425.48	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §137.100, effective January 18, 2007, sets out the use of the treatment

guidelines.

3. 28 Texas Administrative Code §133.250, effective May 2, 2006, sets out the timeframe for filing a request for reconsideration of payment.
4. 28 Texas Administrative Code §134.203, effective March 1, 2008, 33 *Texas Register* 364, sets the reimbursement guidelines for the disputed service.
5. 28 Texas Administrative Code §134.600 effective May 2, 2006 requires preauthorization for specific healthcare services and treatments.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 197-Payment denied/reduced for absence of precertification/preauthorization.
- Not recommended per the ODG. Per rule 134.600(p)(12) carrier is not liable for treatment and/or services provided in excess of the Divisions treatment guidelines unless in an emergency or pre-authorization rules.
- 193-Original payment decision is being maintained. This claim was processed properly the first time.
- NCS and F-waves are not recommended per the ODG for DX.

Issues

Does a preauthorization issue exist?

Findings

According to the explanation of benefits, the respondent denied reimbursement for CPT code 95903 based upon reason code "197."

28 Texas Administrative Code §134.600(p)(12) requires preauthorization for "treatments and services that exceed or are not addressed by the Commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the carrier."

The requestor billed CPT codes 95903 and 95904 for the diagnosis 724.2-Lumbago.

For the diagnosis of 724.2, the Low Back Chapter of the Official Disability Guidelines (ODG), states that nerve conduction studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ([Utah, 2006](#)) See also the [Carpal Tunnel Syndrome Chapter](#) for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. [EMGs](#) (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious"; therefore, the disputed nerve conduction studies, CPT codes 95903 and 95904, required preauthorization. As a result, a preauthorization issue exists and reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

10/14/2013

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box

17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.